

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

P.O. BOX 995

COLUMBIA, SOUTH CAROLINA 29202

ELECTION TO REIMBURSE THE S.C. EMPLOYMENT SECURITY COMMISSION FOR BENEFITS PAID

The employing unit named below, being an "employer" subject to the provisions of the South Carolina Employment Security Law, and in accordance with the provisions of the Law relating to the financing of benefits, hereby elects to make payments to the Commission as indicated below:

CHECK ONE:

- ☐ Payment of any bill rendered at the end of each calendar quarter for the amount of regular benefits paid, and of one-half of the extended benefits paid that is attributable to service in the employ of this employing unit.
- ☐ Payment of two percent of the quarterly payroll with an adjustment payment, as required, at the end of the calendar year in regard to regular benefits paid, and of one-half of the extended benefits that are attributable to service in the employ of this employing unit.

As provided in the South Carolina Employment Security Law, unemployment insurance benefits are based on wages paid in covered employment in a one-year period called a "base period".

In the event an individual is no longer employed by the employing unit, goes to work for another employer(s), becomes unemployed and files a claim for benefits, any wages within the base period, which are attributable to service in the employ of the reimbursing employer, would be used to establish the claim. The charges for the reimbursable employer are pro-rated in the same ratio as the total base period wages paid to the claimant by all base period employers.

The employing unit is required to reimburse the amount of benefits paid as a result of an initial determination of eligibility. In the event the benefits are subsequently determined to be overpaid for any reason, the reimbursable account WILL NOT be credited until the claimant reimburses the Commission for the overpayment.

Dated: _____, 19 _____

Name of Employing Unit

SWORN to before me this the _____

Day of _____, 19 _____

By: _____

Title: _____

Notary Public

IMPORTANT: This election form must be signed by a principal officer, if a corporation, or the chief administrative official, if an instrumentality of the State of South Carolina.

APPROVAL

The SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION hereby approves the above election, which will be in effect for a period of not less than two calendar years as provided in the South Carolina Employment Security Law and which will remain in effect each calendar year thereafter, until the election is terminated by the employing unit in accordance with the provisions of the South Carolina Employment Security Law.

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

Date: _____

By: _____